

## Recipient Committee

Type or print in ink

### Statement Type

☐ Initial

Not yet qualified ☐ or

☐ Amendment

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(if applicable)

☒ Termination - See Part 5

List I.D. number:

# 1290198

11 / 08

Date of Termination

Date Stamp

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2008 JAN 14 PM 1:12

CITY CLERK  
CITY OF LODI

CALIFORNIA  
FORM 410

For Official Use Only

Lodi Residentsfor Katzakian

STREET ADDRESS (NO P.O. BOX)

48 River Pointe Circle

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	CA	95240	209-369-6016

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

San Joaquin County

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets

NAME OF TREASURER

Christine Katzakian

STREET ADDRESS

48 River Pointe Circle

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	CA	95240	209-369-6016

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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### 3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/11/08  
DATE

Executed on 1/11/08  
DATE

Executed on  
DATE

Executed on  
DATE

By Christine Katzakian  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]  
SIGNATURE OF CONTROLLING OFFICE HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICE HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICE HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

ORIGINAL

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA  
FORM 410

Page 2

COMMITTEE NAME

ID NUMBER

Lodi Residentsfor Katzakian

1290198

## Controlled Committee

Phil Katzakian	Council Member	2006	<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

BANK ACCOUNT NUMBER

Bank of Stockton

209-340-2300

1235001011

## Primarily Formed Committee

		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

COMMITTEE NAME

Lodi Residents for Katzakian

ID NUMBER

1290198

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check Only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

**Small Contributor Committee**



Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

**5. Termination Requirements** By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee **does** not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.